DEST AVAILABLE COPY

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			9				ſ	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	· 710.00
TOTAL CHARGEABLE CLAIMS			<i>f</i> minus 20=		• —			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			6 minus 3 =		· 3			X40=		OR	X80=	240-
MULTIPLE DEPENDENT CLAIM PRES			RESENT					+135=		OR	+270=	
* If	the difference	in column 1 is	less than ze	ro, entei	"0" in column 2		L	TOTAL		OR	TOTAL	950-
	C	(Column 1)	MENDED - PAR' (Colum		nn 2) (Column 3)			SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= '	X	X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	F CLAIM			X40=		OR	X80=	
<u> </u>	·	TOTALION OF M	OLIN EL DEI	LINDLIN	CLAIM			+135=		OR	+270=	
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
۵		(Column 1)		(Colu		(Column 3)			· · · · · · · · · · · · · · · · · · ·	•		<u>-</u>
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	*** PENDENT	CLAIM	= '		X40=		OR	X80=	
								+135=		OR	+270=	
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)	_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	5 01 414	-		X40=		OR	X80=	
<u> </u>	HIRST PRESE	NTATION OF M	OLTIPLE DEF	ENDEN	ULAIM		\ 	+135=		OR	+270=	
**	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." 									OR	TOTAL ADDIT. FEE	
		ber Previously Pa					r four	nd in the app	ropriate box	in col	umn 1.	